

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 8.1  
**TITLE:** CRITICAL CARE

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**AUTHORITY:** 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4

**TRICARE POLICY MANUAL:** Chapter 1, Section 26.7

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### **I. EFFECTIVE DATE**

February 26, 1986

### **II. PROCEDURE CODE(S)**

99291-99292

### **III. DESCRIPTION**

Critical care includes the care of critically ill patients in a variety of medical emergencies that requires the constant attention of the physician (cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, critically ill neonate, etc.). Critical care is usually, but not always, given in a critical care area such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care unit.

### **IV. POLICY**

Critical care is covered when the patient's condition requires the prolonged presence of the physician in constant attention.

### **V. POLICY CONSIDERATIONS**

Payment for critical care will cease at the point where the patient's condition is stabilized or the physician is no longer required to be in constant attendance. Reimbursement thereafter will be made for hospital visits at the level of care of the visits. If the patient remains in a critical care setting, payment may be made for more than one daily visit by the same physician; however, more than three daily visits by the same physician are not covered unless the medical review staff determines that frequency of visits were appropriate.

**\*END OF POLICY\***